




PTO/SB/21 (08-00)

~~TRANSMITTAL~~
FORM

(to be used for all correspondence after initial filing)

 <p style="text-align: center;">TRANSMITTAL FORM</p> <p><i>(to be used for all correspondence after initial filing)</i></p>		Application Number	09/385,020
		Filing Date	August 30, 1999
		First Named Inventor	Shunpei YAMAZAKI
		Group Art Unit	2674
		Examiner Name	K. Nguyen
Total Number of Pages in This Submission		Attorney Docket Number	0756-2023

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosures
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Remarks	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-2280 for the above identified docket number.
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Eric J. Robinson, Reg. No. 38,285 Robinson Intellectual Property Law Office, P.C. PMB 955 21010 Southbank Street Potomac Falls, VA 20165
Signature	
Date	7-9-04

CERTIFICATE OF MAILING

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PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032
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**FEE TRANSMITTAL
FOR FY 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant Claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$1300.00)

Complete if Known

Application Number	09/385,020
Filing Date	August 30, 1999
First Named Inventor	Shunpei YAMAZAKI
Examiner Name	K. Nguyen
Group Art Unit	2674
Attorney Docket No.	0756-2023

RECEIVED**METHOD OF PAYMENT**

- 1.
- ☐
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

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Law Office

- ☒
- Charge Any Additional Fee Required
-
- Under 37 CFR 1.16 and 1.17 and
-
- credit overpayments

- ☐
- Applicant claims small entity status.
-
- See 37 CFR 1.27

- 2.
- ☒
- Payment Enclosed:

- ☒
- Check
- ☐
- Credit Card
- ☐
- Money
-
- Order
- ☐
- Other

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
20** =	X	\$18	
Independent Claims	-3** =	X	\$86
Multiple Dependent			

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
1202 18	2202 9	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 86	2204 43	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
1051 130	2051 65			Surcharge - late filing fee or oath	
1052 50	2052 25			Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130			Non-English specification	
1812 2,520	1812 2,520			For filing a request for <i>ex parte</i> reexamination	
1804 920*	1804 920*			Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*			Requesting publication of SIR after Examiner action	
1251 110	2251 55			Extension for reply within first month	
1252 420	2252 210			Extension for reply within second month	
1253 950	2253 465			Extension for reply within third month	\$530.00
1254 1,480	2254 740			Extension for reply within fourth month	
1255 2,010	2255 1005			Extension for reply within fifth month	
1401 330	2401 165			Notice of Appeal	
1402 330	2402 165			Filing a brief in support of an appeal	
1403 290	2403 145			Request for oral hearing	
1451 1,510	1451 1,510			Petition to institute a public use proceeding	
1452 110	2452 55			Petition to revive - unavoidable	
1453 1,330	2453 665			Petition to revive - unintentional	
1501 1,330	2501 665			Utility issue fee (or reissue)	
1502 480	2502 240			Design issue fee	
1503 640	2503 320			Plant issue fee	
1460 130	1460 130			Petitions to the Commissioner	
1807 50	1807 50			Processing fee under 37 CR 1.17(q)	
1806 180	1806 180			Submission of Information Disclosure Stmt	
8021 40	8021 40			Recording each patent assignment per property (times number of properties)	
1809 770	2809 385			Filing a submission after final rejection (37 CFR § 1.129(a))	
1810 770	2810 385			For each additional invention to be examined (37 CFR § 1.29(b))	
1801 770	2801 385			Request for Continued Examination (RCE)	\$770.00
1802 900	1802 900			Request for expedited examination of a design application	

Other fee (specify) _____

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$1300.00)

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*Adelle M. Stamper***SUBMITTED BY**

Name (Print/Type) Eric J. Robinson

Registration No. 38,285
(Attorney/Agent)**Complete (if applicable)**

Telephone (571) 434-6789

Signature

Date 7-9-04